

SUBJECT: PUBLIC SAFETY-DEFIBRILLATION (PS-D) TRAINING PROGRAM  
REQUIREMENTS

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Date: 07/01/03

I. **Authority:** Health and Safety Code, Division 2.5, Sections 1797.170, 1797.206, 1797.208 and 1797.214.

II. **Purpose:** To establish standardized Public Safety-Defibrillation (PS-D) curriculum and program approval requirements.

III. **Policy:**

A. San Diego County, Division of Emergency Medical Services shall approve PS-D Training Programs.

B. Program approval or disapproval shall be made in writing by the Health and Human Services Agency, Division of Emergency Medical Services to the requesting training program within a reasonable period of time, not to exceed thirty (30) days, after receipt of all required documentation.

C. Program approval shall be renewed every four (4) years.

IV. **Procedure:**

A. The requesting training agency shall submit to the Division of Emergency Medical Services the following materials to be considered for program approval:

1. Outline and objectives for the minimum four (4) hour PS-D training course, to include:

- a. Proper use, maintenance and periodic inspection of the automated external defibrillator (AED)
- b. The importance of defibrillation, advanced life support (ALS), adequate airway care, and internal emergency response system, if applicable.
- c. Overview of the EMS system, the local EMS system's medical control policies, 9-1-1 access, and interaction with EMS personnel.

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Approved:



Administration



Medical Director

SUBJECT: **ESOPHAGEAL TRACHEAL AIRWAY DEVICE**  
**TRAINING PROGRAM REQUIREMENTS EMT-Basic**

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Date: 07/01/03

- I. Authority:** Health and Safety Code, Division 2.5, Sections 1797.170, 1797.206, 1797.208, 1797.214 and 1797.218.
- II. Purpose:** To establish a standardized Esophageal Tracheal Airway Device (ETAD, or "Combitube<sup>®</sup>") curriculum and program approval requirements.
- III. Policy:**
- A. San Diego County, Division of Emergency Medical Services (EMS) shall approve ETAD Training Programs.
  - B. Program approval or disapproval shall be made in writing by the Health and Human Services Agency, Division of EMS to the requesting training program within a reasonable period of time, not to exceed 30 days, after receipt of all required documentation.
  - C. Program approval shall be renewed every four years.
- IV. Procedure:**
- The requesting training agency shall submit to the Division of EMS the following materials to be considered for program approval:
- A. Documentation of current EMT-Basic program approval from County of San Diego, Division of EMS.
  - B. Curriculum course outline and objectives for the five hour ETAD training program, to include:
    - 1. Anatomy and physiology of the respiratory system.
    - 2. Assessment of the respiratory system.
    - 3. Review of basic airway management techniques, which includes manual and mechanical.
    - 4. The role of the esophageal-tracheal airway device in the sequence of airway control.
    - 5. Indications and contraindications of the esophageal-tracheal airway device.

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Approved:

  
Administration

  
Medical Director

**SUBJECT: ESOPHAGEAL TRACHEAL AIRWAY DEVICE  
TRAINING PROGRAM REQUIREMENTS EMT-Basic**

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**Date: 07/01/03**

6. The role of pre-oxygenation in preparation for the esophageal-tracheal airway device.
  7. Esophageal-tracheal airway device insertion and assessment of placement.
  8. Methods for prevention of basic skills deterioration.
  9. Alternatives to the esophageal-tracheal airway device.
  10. A competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of the esophageal-tracheal airway device.
- C. List of equipment to be used for skills training.
- D. Documentation of access to equipment for skills training in sufficient quantities to meet 1:10 teacher/student ratio.

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**Approved:**

  
**Administration**

  
**Medical Director**

**SUBJECT: PUBLIC SAFETY-DEFIBRILLATION (PS-D) TRAINING PROGRAM  
REQUIREMENTS**

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**Date: 07/01/03**

- d. Assessment of an unconscious patient, to include evaluation of airway, breathing, and circulation to determine cardiac arrest.
- e. Information relating to AED safety precautions to enable the individual to administer a shock without jeopardizing the safety of the patient or rescuers or other nearby persons.
- f. Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.
- g. Rapid, accurate assessment of the patient's post-shock status.
- h. The appropriate continuation of care following a successful defibrillation.

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**Approved:**



**Administration**



**Medical Director**

SUBJECT: EMT TRAINING PROGRAMS

Date : **07/01/02**

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- I. **Authority:** Health and Safety Code, Sections 1797.170, 1797.208 and 1797.214, Division 2.5.
- II. **Purpose:** To establish a mechanism for application and approval of EMT Basic training programs in San Diego County.
- III. **Policy:**
- A. All EMT Basic training programs must meet the requirements of the California Code of Regulations, Title 22, Division 9, Chapter 2, pertaining to EMT Basic training program approval, and the County of San Diego Division of Emergency Medical Services' (EMS) requirements listed in the attached training program application.
  - B. All EMT Basic training programs must have approval of the County of San Diego Health and Human Services Agency, Division of Emergency Medical Services (EMS) prior to the program being offered. To receive program approval, requesting training agencies must apply for approval to EMS and submit all materials listed on the "Check List: Emergency Medical Technician Basic Training Program Application".
  - C. Program approval or disapproval shall be made in writing by the Health and Human Services Agency, Division of Emergency Medical Services to the requesting training program within a reasonable period of time after receipt of all required documentation. This period of time shall not exceed three (3) months.

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**Approved:**



Administration



Medical Director

**SUBJECT: EMT TRAINING PROGRAMS**

**Date: 07/01/02**

- D. The Health and Human Services Agency, Division of Emergency Medical Services shall establish the effective date of program approval, in writing, upon the satisfactory documentation of compliance with all program requirements.
- E. Program approval shall be for four (4) years following the effective date of approval and may be renewed every four (4) years, subject to the procedure for program approval specified in Section C, above.
- F. All approved EMT Basic training programs shall be subject to periodic review including, but not limited to:
1. Periodic review of all program materials.
  2. Periodic on-site evaluation by the Division of Emergency Medical Services.
- G. All approved training programs shall notify the Division of Emergency Medical Services, in writing, in advance, when possible, and in all cases, within thirty (30) days of any change in course content, hours of instruction, course director, and program director or program clinical coordinator.
- H. All approved training programs shall report, in writing, the name and address of each person receiving a course completion record and the date of course completion to the Division of Emergency Medical Services within fifteen (15) days of course completion.
- I. Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of the above may result in withdrawal, suspension or revocation of program approval by the Health and Human Services Agency, Division of

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**Approved:**



**Administration**



**Medical Director**

**SUBJECT: EMT TRAINING PROGRAMS**

**Date : 07/01/02**

Emergency Medical Services subject to the provision that an approved EMT

Basic training program shall have a reasonable opportunity to comply with these regulations, but in no case shall the time exceed sixty (60) days from date of written notice to withdraw program approval.

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**Approved:**



**Administration**



**Medical Director**

SAN DIEGO COUNTY EMS AGENCY  
APPLICATION FORM  
EMERGENCY MEDICAL TECHNICIAN BASIC TRAINING PROGRAM

6. List of equipment available in sufficient quantities to meet 1:10 student ratios for skills training (attached).

	<b>Equipment</b>	<b>Number Available</b>
a.	CPR mannequins, adult and baby	_____
b.	Airway management equipment	_____
	1. O <sub>2</sub> cylinders	_____
	2. Flowmeter	_____
	3. O <sub>2</sub> masks and nasal cannulas	_____
	4. Suction equipment	_____
	5. Suction tubing	_____
	6. Rigid and flexible suction catheters	_____
	7. Pocket mask	_____
	8. Bag-valve-mask resuscitator	_____
	9. Demand-valve-mask resuscitator (optional)	_____
	10. Oral and nasal airways of various sizes	_____
	11. Combitube	_____
	12. Endotracheal tube	_____
c.	Traction Splint	_____
d.	Extrication device	_____
e.	Backboard, head immobilizer cervical collars	_____
f.	Obstetrical mannequin and OB kit	_____
g.	Tourniquets	_____
h.	Various bandages and splints	_____
i.	IV tubing and solution – Normal Saline	_____
j.	Antishock garment	_____
k.	Cardiac monitor (optional)	_____
l.	Blood pressure cuffs and stethoscopes	_____
m.	Intubation mannequins	_____
n.	AED equipment for training	_____
o.	Examples of medications in current scope	_____



**COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES**  
**EMT-1 PROGRAM DIRECTOR QUALIFICATIONS**

**Institution:** \_\_\_\_\_

**I. Program Director Name:** \_\_\_\_\_

**II. Professional License Number(s):** \_\_\_\_\_  
\_\_\_\_\_

**III. Evidence of education and experience in methods, materials, and evaluation of instruction:**

**A. Education:** Include education/training that demonstrates your qualifications for Program Director.  
Start with the most recent.

	<u>Course Title</u>	<u>School</u>	<u>Course Length</u>	<u>Date Completed</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____

**B. EXPERIENCE:** Experience may be paid or unpaid, full time or part time:

<u>Dates</u>	<u>Employer's Name &amp; Address</u>	<u>Experience</u>
From: _____ To: _____	_____	Official Title: _____ Relevant Duties: _____ _____
From: _____ To: _____	_____	Official Title: _____ Relevant Duties: _____ _____
From: _____ To: _____	_____	Official Title: _____ Relevant Duties: _____ _____

**IV. Attach Program Director Job Description**

\_\_\_\_\_  
**Program Director Signature**

\_\_\_\_\_  
**Date**

**COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES**

**EMT-1 PRINCIPAL INSTRUCTOR QUALIFICATIONS**

**Institution:** \_\_\_\_\_

**1. Name:** \_\_\_\_\_

**2. Professional License Number(s):**

**3.**

**a. M.D./D.O.** \_\_\_\_\_

**b. R.N.** \_\_\_\_\_

**c. P.A.** \_\_\_\_\_

**d. EMT-P** \_\_\_\_\_

**e. EMT-II** \_\_\_\_\_

**3. Emergency care related education within the last five (5) years:**

<u>Course Title</u>	<u>School</u>	<u>Course Length</u>	<u>Date Completed</u>
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**a.** \_\_\_\_\_

**b.** \_\_\_\_\_

**c.** \_\_\_\_\_

**4. Emergency care related experience (academic or clinical) within the last (5) years:**

<u>Dates</u>	<u>Employer's Name &amp; Address</u>	<u>Experience</u>
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From: \_\_\_\_\_

To: \_\_\_\_\_

Official Title: \_\_\_\_\_

Relevant Duties: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Official Title: \_\_\_\_\_

Relevant Duties: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Official Title: \_\_\_\_\_

Relevant Duties: \_\_\_\_\_

**Approval:** \_\_\_\_\_

**Program Director**

**Clinical Coordinator**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Attach copy of principal Instructor Job Responsibilities**

**COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES**

**EMT-1 TEACHING ASSISTANT QUALIFICATIONS**

**Institution:** \_\_\_\_\_

**1. Name:** \_\_\_\_\_

**2. Professional License Number(s):**

**3.**

**a. M.D./D.O.** \_\_\_\_\_

**b. R.N.** \_\_\_\_\_

**c. P.A.** \_\_\_\_\_

**d. EMT-P** \_\_\_\_\_

**e. EMT-II** \_\_\_\_\_

**3. Emergency care related education within the last five (5) years:**

<u>Course Title</u>	<u>School</u>	<u>Course Length</u>	<u>Date Completed</u>
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**a.** \_\_\_\_\_

**b.** \_\_\_\_\_

**c.** \_\_\_\_\_

**4. Emergency care related experience (academic or clinical) within the last (5) years:**

<u>Dates</u>	<u>Employer's Name &amp; Address</u>	<u>Experience</u>
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From: \_\_\_\_\_

To: \_\_\_\_\_

Official Title: \_\_\_\_\_

Relevant Duties: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Official Title: \_\_\_\_\_

Relevant Duties: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Official Title: \_\_\_\_\_

Relevant Duties: \_\_\_\_\_

**Approval:** \_\_\_\_\_

**Program Director**

**Clinical Coordinator**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Attach copy of Teaching Assistant Job Responsibilities**

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES  
EQUIPMENT LIST  
EMT-1 TRAINING PROGRAM

6. List of equipment available in sufficient quantities to meet 1:10 student ratios for skills training.

	<b>Equipment</b>	<b>Number Available</b>
a.	CPR mannequins, adult and baby	_____
b.	Airway management equipment	_____
	1. O <sub>2</sub> cylinders	_____
	2. Flowmeters	_____
	3. O <sub>2</sub> masks and nasal cannulae	_____
	4. Suction equipment	_____
	5. Suction tubing	_____
	6. Rigid and flexible suction catheters	_____
	7. Pocket masks	_____
	8. Bag-valve-mask resuscitators	_____
	9. Demand-valve-mask resuscitator (optional)	_____
	10. Oral and nasal airways of various sizes	_____
	11. Combitubes	_____
	12. Endotracheal tubes	_____
c.	Traction Splint	_____
d.	Extrication device	_____
e.	Backboard, head immobilizer cervical collars	_____
f.	Obstetrical mannequin and OB kit	_____
g.	Tourniquets	_____
h.	Various bandages and splints	_____
i.	IV tubing and solution – Normal Saline	_____
j.	Antishock garment	_____
k.	Cardiac monitor (optional)	_____
l.	Blood pressure cuffs and stethoscopes	_____
m.	Intubation mannequins	_____
n.	AED equipment for training	_____
o.	Examples of medications in current scope	_____

**COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES**

**EMT-1 TRAINING PROGRAM APPLICATION FORM**

1. **Name of Institution/Agency** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Street**

**City**

**State**

**ZIP**

**Contact Person** \_\_\_\_\_

**Telephone Number** (\_\_\_\_) \_\_\_\_\_ **FAX** (\_\_\_\_) \_\_\_\_\_

**E-mail** \_\_\_\_\_

2. **Personnel:**

**\* Program Director** \_\_\_\_\_

**\* Clinical Coordinator** \_\_\_\_\_

**\* Principal Instructor(s)** \_\_\_\_\_

**\*\* Teaching Assistant(s)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. **Course Hours:**

**Basic Course**

**Refresher**

**Didactic/Lab (min. 104 hrs.)** ( )

**(min. 24 hrs.)** ( )

**Clinical (min. 10 hrs.)** ( ) N/A

4. **Units of Credit:** \_\_\_\_\_

5. **Text:** \_\_\_\_\_

\_\_\_\_\_

6. **Date:** \_\_\_\_\_

\* Provide qualifications on appropriate forms for each person.

\*\* Provide list of names and lecture subjects.

# COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES

## CHECK LIST: EMT-1 TRAINING PROGRAM APPLICATION

MATERIALS TO BE SUBMITTED		PAGE	FOR COUNTY USE ONLY
1.	Statement of eligibility for program approval. (Reference: California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100065) <b>100065</b>		
2.	Letter to EMT-1 approving authority requesting approval. <b>100066(a)</b>		
3.	Completed Check List for EMT-1 Program Approval		
4.	Application Form for Program Approval.		
5.	Program Director Qualification Form. <b>100070(a)</b>		
6.	Program Clinical Coordinator Qualification Form. <b>100070(b)</b>		
7.	Principal Instructor (PI) Qualification Form. <b>100070(c)</b>		
8.	Teaching Assistant(s) (TA) Submit names and subjects assigned to each TA. <b>100070(d)</b>		
9.	Copy of written agreement with (1 or more) Acute Care Hospital(s) to provide clinical experience. <b>100068</b>  <b>and/or</b>		
10.	Copy of written agreement with 1 or more ambulance agency(ies) to provide field experience. <b>100068</b>		
11.	Statement verifying usage of the State EMT-1 curriculum, which includes learning objectives, skills protocols, and treatment guidelines. <b>100066(b)(1)</b>		
12.	Basic course description, including: <b>100066(b)</b>		
	a. Statement of course objectives		
	b. At least six (6) sample lesson plans		
	c. Course outline (if different than the State EMT-1 curriculum format).		
	d. Performance objectives for each skill		
	e. Assurance that no more than ten (10) students are assigned to one (1) PI/TA during skills practice/laboratory sessions.		
	f. At least ten (10) samples of written questions and at least six (6) samples of skills examinations used in periodic testing.		
	g. Final Examination (written and skills).		
13.	Refresher course description, including: <b>100066(b)</b>		
	a. Statement of course objectives		
	b. At least six (6) sample lesson plans		
	c. Course outline (if different than the State EMT-1 curriculum format).		
	d. Performance objective for each skill		
	e. Assurance that no more than ten (10) students are assigned to one (1) PI/TA during skills practice/laboratory sessions.		
	f. At least ten (10) samples of written questions and at least six (6) samples of skills examinations used in periodic testing		
	g. Final Examination (written and skills).		
14.	Class schedules; places and dates (estimate if necessary)		
	a. Basic Course		
	b. Refresher Course		
15.	Copy of Course Completion Certificate (basic and refresher) <b>100079</b>		
16.	Copy of liability insurance on students		